

# LONGMONT DEPARTMENT OF PUBLIC SAFETY

Safety & Justice Center, 225 Kimbark Street, Longmont, Colorado 80501



## *Longmont Police, Fire, Communications & Emergency Management*

Police Information 303-651-8555 ■ Fire Information 303-651-8437

9-1-1 Emergency Communications Center 303-651-8501

Office of Emergency Management 303-651-8438

## LONGMONT POLICE DEPARTMENT STUDENT INTERN OFFICER APPLICATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male/Female (Please circle)

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address While at School: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### College/ University Information

College/University currently enrolled: \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ College Credits Completed \_\_\_\_\_ quarter/semester

Semester you are applying for (Please circle): Summer Fall Spring Year \_\_\_\_\_

Do you speak a foreign language \_\_\_\_ yes \_\_\_\_ no?

If yes, what language and to what degree of proficiency? \_\_\_\_\_

Are you seeking college/university credit for this volunteer internship? YES NO If yes, how many credits? \_\_\_\_\_. You will need to contact your college/university and make all arrangements for college credit.

Please note that the Longmont Police Department can not facilitate any requests for more than 3 credits per semester.

### Motor Vehicle Information \*\*\*A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED \*\*\*

Name as it appears on driver's license: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Please list all other states in which you have been licensed to operate a motor vehicle:

State	Year(s) Issued	Name under which license was granted

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**Motor Vehicle Information (cont.)**

Please list ALL traffic citations (excluding parking violations) you have received within the last five years. **Make sure you list ALL traffic citations even if they were dismissed:**

Nature of Violation	City/State	Approximate Date	Amount of Action Taken on License
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**Has your license ever been suspended, revoked, or placed on negligent operator's probation?**

       Yes        No If yes, date(s) of suspension \_\_\_\_\_

## Criminal History

Have you ever been arrested, issued a summons, or notice to appear in court?        Yes        No       

**Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **yes** for any of the above, give complete details of each offense, investigating law enforcement agency, disposition, dates, and location. Use separate sheet, if needed.

<b>Offense</b>	<b>Investigating Law Enforcement Agency</b>	<b>Disposition</b>	<b>Dates</b>	<b>Location</b>
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[illegible]

Have you ever committed an act **within the last five years** that you were not caught doing, but if caught, you would have been arrested (regardless of how minor you feel the offense is or your rationale for the situation)?

**Explain:**

Offense	Dates	Location
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Describe your use of any illegal drug AND/OR any drugs not prescribed by your physician and the date you last used:

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What are your reasons for applying for the Student Intern Officer position with the Longmont Police Department?

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**PLEASE ATTACH AN UNOFFICIAL TRANSCRIPT AND ONE LETTER OF RECOMMENDATION FROM A FACULTY MEMBER AT THE COLLEGE/UNIVERSITY YOU ARE CURRENTLY ENROLLED IN.**

The Longmont Police Department requires students attend one of the accredited higher education agencies recognized by the US Department of Education or the Council for Higher Accreditation. See <http://www.accredited-online-universities.com/college-accreditation.html> for this list.

Revised 5/12

**AUTHORIZATION TO RELEASE INFORMATION  
AND CONFIDENTIALITY AGREEMENT:**

**As a Volunteer with the Longmont Police Department, I am willing to furnish information for use in determining my qualifications as a volunteer for the department.**

I understand, for security reasons, a basic criminal history/driver's history check will be conducted by the LPD and I will be asked to provide fingerprint information. Further background information may be requested if a specific volunteer assignment calls for a full security check.

I understand the Longmont Police Department will not have to disclose the reason, if any, for not being selected as a volunteer for this program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Longmont Police Department to verify my criminal history and driving history as part of the background screening process.

If accepted as a volunteer for the Longmont Police Department, I understand I may be privy to confidential information and agree to respect and maintain **ALL** that confidentiality whenever presented with it.

I hereby certify that **ALL** statements made in this application are true and complete, and I understand that any misstatements of material facts or omissions will subject me to disqualification or dismissal from the process.

\_\_\_\_\_  
**VOLUNTEER'S SIGNATURE**

\_\_\_\_\_  
**DATE**